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## Opinions on changes in the Romanian health care system from people's point of view: a descriptive study

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### Abstract

After 10 years of changes, the Romanian people were asked to assess the consequences of the reforms that were carried out through the health care system in the last decennium. This article studies the opinion of changes among individuals and socio-economic-demographic groups living in Dolj region. Such surveys are rare in Romania. People show to have different opinions on quality of care, accessibility and on attitudes of politicians to health care comparing the present state of affairs with the past one. Overall the people judge the actual situation preferable to the past. The elderly, the chronically ill and the people who believe that people were happier 10 years ago have a more critical view on the changes especially in terms of accessibility. The higher educated people have a more positive opinion on the consequences of the reforms. The results may help to improve the communication between policy makers and the population. It is suggested that the involvement of the citizens in the health care reforms may realize a better implementation of Romanian health care reforms. This involvement is lacking.

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### 1. Introduction

Many changes have occurred in the Romanian health care system due to the transition from a centrally planned, state system to a more decentralized health insurance system with private

elements. Free choice of physician, the GP's role as gatekeeper and manager of his practice, elements of privatization of medical institutions and the introduction of a national health insurance system are the most important changes (for a more detailed description see [1]). These changes are officially based on legislation and policy measures. But legislation will not always mean that the policy measures are implemented in practice. Therefore, a discrepancy may exist between policy and practice.

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This situation in Romania, which is comparable with policy developments in several other countries, makes it extremely relevant to investigate what people experience and belief about the changes. Anyway, these changes may have various impacts on people's health and the way they deal with health care providers and institutions. For example, more possibilities to choose among physicians and between public and private health care may mean more freedom and greater accessibility. At the same time, they imply more responsibility for individuals. The drawbacks of the transitional phase of the entire Romanian society characterized by an increase in the economic inequality among people, economic shortage and some incoherence at political level regarding the health care system, result in less accessibility and even inaccessibility for some categories of people. Decreased accessibility combined with more responsibility may affect people's health status. Moreover, the Romanian people were used to the fact that the state institutions take care of their health. This is another reason to consider that increasing responsibility may be not result in an improvement in health care.

There is little knowledge about the people's thoughts and opinions on the direction of actual reforms in health care in Romania. As far as we know, only one investigation is executed recently in Romania to ask for the opinions of citizens regarding health care services [2]. In general, people are satisfied with the services of the general practitioner; 92% is satisfied with the GPs' attitude, 89% with the time for consult and 87% with the waiting time. Also, they are satisfied with the following health care services: pharmacies (90%), state dentistry (67%), private dentistry (85%), hospital services (75%). With respect to access, 90% of the respondents consider that they have easy access to their General Practitioner and 64% of the respondents to other services. More (i.e. three) surveys were carried out on this subject between 1999 and 2001 among health care providers.

Analyzing the literature it is evident that data about the people's opinions on health care transition are scarce and this is not specific for Romania but goes for most central and eastern European

countries. In the international literature, most articles covered the health care providers opinion (e.g. [3–6]). Among the articles from the users' perspective, many are on satisfaction with specific health care providers and their services (e.g. [7–11]). Several articles address people's opinions about changes, but these changes are in fact very specifically implemented innovations related to specific categories of patients (e.g. [12–15]). Hardly any paper in the last 10 years focused on what people think about changes in health care in general.

In Romania the population was and is not involved in health care reforms. A website [16] which informs people and where patients may learn about their rights and duties is a timid beginning of considering the lay people as a user, and this approach is far away of the almost general movement of patient's empowerment in the Western countries. After 10 years of changes an assessment of the result of health care reforms seen through the users' eyes is very important for both policy makers and the people. Moreover, in order to be successful, a reform of health care system needs to be publicly supported [17]. Therefore, it is important to find out the people's knowledge about the changes and to evaluate if the people were sufficiently informed about the reforms of health care system.

This paper answers the question: "How are the changes in the health care system of the past 10 years appreciated by the Romanian people?" More specifically, we are interested in aspects like quality of care, accessibility and the attitude of the political system to the health care system because of their importance for the people. Opinions about changes may vary among individuals and among socio-economic groups. Therefore, we studied whether specific groups have different opinions about changes. According to the literature on satisfaction with health care systems, multiple sets of background factors are associated with patient responses on questions about health care [18]. Demographic and socio-economic factors such as age, gender, educational level, marital status, area of living and health status are related with opinions about changes, because of their capacity to discriminate among different groups

with various opinions on changes. Also, the statement “Most people are happier now than 10 years ago” is included in this assessment. It is expected that the people who consider themselves happier now compared with 10 years ago also may believe that progress has been made and evaluate the changes in health care positively.

## 2. Subjects and methods

### 2.1. Instrument

A survey on opinions is more often used in assessing contemporary public policy [17]. In the past communist regime no surveys focusing on opinions on health care issues were performed. In the last 10 years there was a reforming policy of health care system. Therefore, in order to measure the population's opinions of the changes and consequently of the reforms, people were asked to compare the actual state of affairs of health care services with the previous one. This approach of asking people to compare these situations has some limitations. Firstly, the findings are based on people's memories, so all the consequences related to the passing of time and their perceptions depending on many factors may be considered as biases. Secondly, opinions are not only based on the perceived changes but may be influenced by other, intermediate events. According to Thomas' theorem, people responses conform to their definition of reality. Therefore, a realistic or an unrealistic perception may be transformed in the same way in a supportive attitude or, on the contrary, in one opposite to the changes, and consequently, to the reforms of the health care system.

A questionnaire is designed to assess peoples' opinions about the health care reforms. Most questions are closed comparative statements, where people could score on a scale from 1 to 5 (strongly disagree to strongly agree). In total twelve closed questions are asked. Four aspects are measured: quality of care (three questions), accessibility (five questions), and opinion on the public attention by of politicians and mass-media concerning the health care reforms (three ques-

tions). One question asks for peoples' preference for the old or the present health care system. Also, one open question is used to find out the people's knowledge of the changes, asking people to describe in their own words what the major changes are; another one to evaluate the impact of these changes on quality of health care.

Concerning the quality of care all definitions contain two components: the technical aspect of care and the art of care. The first component is about providing care of high technical quality [19], focusing on guidelines and practice parameters [20] and ‘lay’ people have less knowledge about this aspect. The second component ‘art of care’ is defined as the humane and culturally appropriate manner in which all patients wish to be treated and the invitation of full participation in decisions about their therapy [19].

Accessibility is defined as financial accessibility of health care services and medication [21], and waiting time [22,23].

The three aspects (quality of care, accessibility, opinion about public attention towards health care) are further used in the analysis together with one closed question about the overall statement (want to go back to the system before the reforms). The three aspects are based on theoretical considerations and empirical findings (three factors in a factor analysis).

### 2.2. Sample and data collection

In order to assess the changes in the Romanian health care system from the people's point of view, a research project was carried out in the year 2000. The research population was defined as the adult citizens of one district, i.e. all people of 18 years and older. The survey is organized by Craiova University. Therefore, that Dolj district is chosen as research area, which has a population of 720 000 inhabitants. Since available reliable population registries through municipalities and regional authorities are from 1996 (the last elections), the sampling is based on the population of randomly selected GP-practices in the Dolj district. In 1999 GP's have to create an own list of patients who they care for. As far as people are registered by a GP the lists present a reliable

source of the population. Dolj Health Insurance Fund keeps the lists with GP's name and their patients' names and its manager agreed to cooperate (and also the Chairman of Dolj College of Physicians). The GP's are stratified to urban and rural area (60% urban, 40% rural) and randomly selected from both lists. For each of the ten GP's a random list of 100 patients was made. Thus a sample of 1000 randomly selected addresses was used in order to have a net result of at least 600 completed questionnaires. The data were gathered by face-to-face interviews by trained interviewers. The response rate was 68%. After controlling the questionnaires (completeness of data, checking with some respondents, eliminating health care providers) 619 completed questionnaire (379 urban and 240 rural) were kept and used for analysis. Relatively a higher response is received from the urban area.

The main socio demographic characteristics of the respondents are presented in Table 1. The average age is 46, which is in line with the Romanian adult population. The distribution in gender is 44.4% men and 55.6% women. The education level of the respondents is distributed in line with the Romanian adult population.

### 2.3. Statistical analysis

In order to describe knowledge and individual and group opinions about changes, two types of analysis were performed. Firstly, the people's opinions and knowledge about changes are studied through frequency analysis of 12 closed questions

and the open one. Secondly, there are differences in opinions about health care reforms among different demographic groups. Quality of care, accessibility and opinions about attention by politicians and by mass-media system may be seen differently by people with different age, gender, area of living, marital status and health status. In most cases the analysis uses structural variables to discriminate between various categories of people with different opinions on changes. In the case of Romania, the transition stage went hand in hand with raising socio-economic costs, unclear benefits on the short-term and some incoherence in political decisions. Moreover, the increasing economic inequity among people went together with an increasing responsibility for their life and their health status. In such a situation, 'deprived' groups may have quite different opinions than 'privileged' ones on the last changes in the health care system. Therefore, in this paper the structural variables and a variable that describes the respondents' evaluation on the people's happiness of 10 years ago are used to discriminate among different categories of persons with different opinions on changes. The correlations between on the one hand the opinions about changes and on the other hand structural variables (age, area, level of education, marital status, appreciation of the people's happiness in the past regime, health status—measured by number of chronic diseases) and a variable that measures general appreciation of the past regime, were measured by Spearman's rho correlation coefficient. Software used was SPSS 10.0. [24].

Table 1  
Socio-demographic characteristics of the research population

Number	Characteristics of the respondents	Mean/frequency <sup>a</sup>
1	Age	46 (S.D. 17.5)
2	Gender	44.4% (men)
3	Education	31% (primary school or less), 23.4% (vocational school low), 35.5% (high school), 9.9% (university or vocational school high)
4	Area of living	61.2% (urban)
5	Marital status	71.6% (married or with partner)

<sup>a</sup> Variables such gender, living area, marital status and education level are categorical, so the percentages are present here for these variables.

### 3. Results

#### 3.1. *Changes of the health care system from the people's perspective*

As mentioned people were asked to describe the changes that took place in the health care system during the last 10 years in their own words. In total 304 respondents answered this open question. The answers are grouped in three categories of changes: (a) related to the reforms, as it was stipulated in laws and political documents (164 persons), (b) related to consequences of reforms, intended or unintended, desirable or undesirable (104 persons), (c) related to scientific, medical or general progress (139 persons). Some people gave answers that fit in more than one category.

The first category describes the people's knowledge about the changes due to reforms. They describe factual changes. So, these persons noted the appearance of the GP and its increasing role, the privatization of GP's offices and pharmacies, the introduction of a health insurance system and the new legislation on health care.

The second category has positive as well as negative responses. People describe positive aspects of changes as: quality of care (on the 'art of care': care is more friendly, more attentive and there is more understanding behavior, more interest in the patient; "patients start to be put on the first place"; "better relationship between physician and patient"; more information on prevention; on the "technical quality": "better consultations", "better quality of medical act"), accessibility (of GP's and specialists' services, in getting medication), medication (co-payments and gratuitous, foreign brands) and general evaluation ("better organization of physicians' activity", more competition, better health care services, "better salaries for physicians"). The negative consequences of the changes in the health care system are described as: quality of care (on the 'art of care': "physicians do not have a friendly behavior and are not interested in their patients, they want only money"), accessibility ("without money you cannot solve any medical problem", too expensive medication and treatment, lack of medication, "you cannot go to every physicians"), corruption ("medication for

free given only for friends and relatives", (more) under-the-table payments, i.e. money and gifts to the physicians), general evaluation (less quality, more bureaucracy, i.e. formalities, lack of funds and endowments, "irresponsibility of medical act").

The third category of respondents talked positively about changes related to medical/scientific progress in terms of (better/advanced) technological endowment of offices and hospitals, (better/modern/more efficient/new) apparatus, (better/more various/newer/more completed) medication, (more) specialization of physicians' training, (modernization of) health care services, treatment of some diseases, (better) information system, (better) equipment for ambulances.

Overall the majority of the people who answered the open question is positive about the changes in the health care system. Of those who answered 74% expressed positive aspects, 10% was 'neutral' and 16% evaluated the changes in a negative way. (50% of population did not answer that question).

#### 3.2. *People's opinions about changes*

Respondents are asked how they perceive changes due to the transition from the past health care system to the system based on social health insurance. Their views on the changes during the last decade are described along three aspects: quality of care, accessibility, and opinions on information by politicians and mass-media.

##### 3.2.1. *Quality of care*

Concerning the quality of care during the past 10 years, half of those surveyed thought that there is an improvement in this respect, while almost two in ten respondents have a negative opinion and three out of ten are undecided in this respect.

As component of quality of care, art of care in the relation with patients was described by physicians' attitude and information delivered to the patient. 40% of respondents considered that physicians are much more friendly and 56% of those surveyed felt that doctors give them more information these days as 10 years ago (see Table 2).

Table 3 shows the strength and the direction of the correlations between on the one hand the

Table 2  
Opinions on changes in health care (%)

Number	Statements on	Strongly dis- agree	Disagree	Neither disagreed, nor agreed	Agree	Strongly agree
<i>Quality of care</i>						
1	The quality of care improved as compared with 10 years ago	3.7	18.8	28.0	46.0	3.4
2	Doctors are much more friendly as compared with 10 years ago	3.6	18.0	38.2	36.9	3.4
3	Doctors give you more information these days than 10 years ago	1.8	13.3	29.3	50.9	4.7
<i>Statements on accessibility</i>						
1	Health care is easier to get as compared with a decade ago	5.7	26.4	25.6	40.2	2.1
2	Drugs and treatment are more difficult to get than 10 years ago	2.8	26.7	19.6	40.5	10.5
3	You have to pay more for medical treatment compared with 10 years ago	1.1	6.8	14.3	42.9	34.9
4	Medical treatment is more accessible now for everybody as compared with 10 years ago	4.7	36.0	30.0	27.1	2.1
5	Patients have to wait longer for medical treatment now as compared with 10 years ago	1.6	28.9	37.1	29.8	2.6
<i>Statements on attitude of political/mass-media system towards the health care</i>						
1	People feel more responsible for their own health as compared with 10 years ago	2.4	13.8	34.4	45.0	4.4
2	The population is less informed about health risk and healthy behavior as compared with 10 years ago	6.7	40.3	27.5	22.7	2.8
3	Health care gets more attention from politicians as compared with 10 years ago	27.6	34.5	23.3	14.0	0.7



Table 3  
Significant correlation coefficients between opinions on changes in quality of care and structural variables

Number	Statements on quality of care	Age	The highest level of education of the respondent	Most people were happier 10 years ago	Number of chronic diseases per person
1	The quality of care improved as compared with 10 years ago	– 0.233 <sup>a</sup>	0.164 <sup>a</sup>	– 0.419 <sup>a</sup>	
2	Doctors are much more friendly as compared with 10 years ago			– 0.202 <sup>a</sup>	0.221 <sup>a</sup>
3	Doctors give you more information these days than 10 years ago			– 0.306 <sup>a</sup>	

<sup>a</sup> Correlation is significant at the 0.01 level (two-tailed).

variables regarding opinions about changes in quality of care and on the other hand structural variables and a variable that measures general appreciation of the past régime. There is a negative correlation between age and the opinion that the quality of care improvement, which means that elderly are less satisfied with the changes in quality of care. Also, there is a positive correlation between the level of education and the perception of increasing in quality of care, that means the more educated is a person, the more likely he/she is to think that the quality of care improved. Or to state it differently, younger people and those with a higher level of education believe the quality of health care has improved. One of the aspects of quality of care, art of care is positively associated with the people's health status, chronically ill people judge more frequently that doctors have become more friendly. A strong correlation exists between the belief that the quality of care increased and the negative appreciation of life in the past regime, proving that quality of care is a very important topic for the Romanian people. Also, there are negative correlations between each component of art of care and the thought that most people were happier 10 years ago. The less positive respondents evaluate the people's happiness in the past regime, the more likely they are to believe that doctors are now much more friendly or that physicians give more information to the patient nowadays.

### 3.2.2. Accessibility

The respondents are asked in a general way whether they believe that the current health care is

easier to get than a decade ago. Of the respondents 42% agreed or strongly agreed with this statement, while 32% disagreed or strongly disagreed with it (see Table 2).

People have a more critical view about accessibility when it concerns difficulty of getting drugs and treatment and higher payments for medication (e.g. the vast majority considers that the people have to pay more for medical treatment compared with 10 years ago, while 8% of respondents has a different opinion).

Also respondents are asked if they had to wait longer for medical treatment now as compared with 10 years ago. The opinions on this issue were almost equally divided among respondents (37% of respondents were undecided).

The question, if medical treatment is more accessible now for everybody, is answered by 29% as positive, while 41% of respondents believed that medical treatment is less accessible now.

An overall impression may be given on the opinion of accessibility by summarizing the scores of the answers of the items. The score shows that most people believe that there is a decrease in accessibility due to the changes of the last 10 years (50% of respondents have a sum score below 2.8).

Among demographic and socio-economic groups there are different opinions on accessibility, as shown in Table 4. The elderly have a more critical view. There are significant correlations between opinions about increased accessibility expressed by these statements: "Health care is easier to get", "Medical treatment is more accessible" and age. The older the person, the less likely he/she is to believe that accessibility has improved.



Table 4  
Significant correlation coefficients between opinions on changes in accessibility and structural variables

Number	Statements on accessibility	Age	The highest level of education of the respondents	Most people were happier 10 years ago	Number of chronic diseases per person
1	Health care is easier to get as compared with a decade ago	–0.237 <sup>a</sup>		–0.416 <sup>a</sup>	
2	Drugs and treatment are more difficult to get than 10 years ago	0.243 <sup>a</sup>	–0.149 <sup>a</sup>	0.281 <sup>a</sup>	0.271 <sup>a</sup>
3	You have to pay more for medical treatment compared with 10 years ago	0.241 <sup>a</sup>		0.179 <sup>a</sup>	0.256 <sup>a</sup>
4	Medical treatment is more accessible now for everybody as compared with 10 years ago	–0.120 <sup>a</sup>		–0.333 <sup>a</sup>	
5	Patients have to wait longer for medical treatment now as compared with 10 years ago			0.241 <sup>a</sup>	

<sup>a</sup> Correlation is significant at the 0.01 level (two-tailed).

When the opinion is that it is more difficult to get drugs and treatment than 10 years ago and costs of medical treatment increased, the relationship between these opinions and age is negative. Therefore, the older the people, the more likely they are to think that they have to pay more for medical treatment and that drugs and treatment are more difficult to get.

People with a lower health status compose another category of respondents who think that there is a decrease in accessibility compared with 10 years ago. The more chronic diseases a person has, the more likely he/she believes that drugs and treatment are difficult to get and more expensive.

Different opinions about accessibility have people with a high education: they believe that there is an increase in accessibility in some aspects. The more educated people are the more likely they are to think that at present drugs and treatment are not more difficult to get than 10 years ago.

Not surprisingly, there is a strong correlation between the opinion on decreased accessibility and the belief that the people were happier 10 years ago. The strongest association (–0.416) may be observed between a positive evaluation of the people's happiness in the past regime and the negative opinion that health care is not easier to get than a decade ago.

### 3.2.3. Opinion on information by politicians and mass-media

The people's opinion about the involvement of politicians and mass-media by informing the population on the changes in the health care system is explored further in Table 2. Due to decentralization, privatization, the introduction of national health insurance and the different role of state, people may consider themselves responsible for their health status. Almost half of the respondents agreed with the statement that people feel more responsible for their own health as compared with 10 years ago.

Respondents are also asked on their opinions about information received these days about health risk and health behavior as compared with 10 years ago. Of the respondents 47% believes they are less informed now, while 25% believes they are better informed now.

A substantial proportion (six in ten) of the respondents indicate to believe that health care gets less attention from politicians now, while 15% of respondents has an opposite opinion.

Among demographic, socio-economic groups and those with a positive opinion about the past, there are different opinions on information by politicians and mass-media (see Table 5). There is a negative association between the opinions "Peo-

Table 5

Significant correlation coefficients between opinions on information by politicians and mass-media towards the health care and structural variables

Number	Statements on attitude of political/mass-media system towards the health care	Age	The highest level of education of the respondents	Most people were happier 10 years ago
1	People feel more responsible for their own health as compared with 10 years ago			– 0.111 <sup>a</sup>
2	The population is less informed about health risk and health behavior as compared with 10 years ago	0.162 <sup>a</sup>	– 0.122 <sup>a</sup>	0.123 <sup>a</sup>
3	Health care gets more attention from politicians as compared with 10 years ago			– 0.269 <sup>a</sup>

<sup>a</sup> Correlation is significant at the 0.01 level (two-tailed).

ple feel more responsible for their own health as compared with 10 years ago” and “Most people were happier 10 years ago”. That means that persons who appreciate more positively the state of affairs in the past also believe that people feel less responsible for their own health. Older people and the respondents with a lower level of education are more likely to believe that the population is less informed about health risk and healthy behavior as compared with 10 years ago. Also, there is a difference between people from rural and urban area in this respect, the people from rural area being the most likely to believe that the population receive less information as compare with 10 years ago. Also, there is a negative correlation between the opinion “Health gets more attention from politicians” and ‘past happiness’. Respondents who believe that most people were happier 10 years ago, also believe that politicians pay not enough attention to health care.

### 3.2.4. General view on preference for the past health care system

On the statement “I would like it when we could go back to the health care system as it was 10 years ago” almost half of the respondents disagreed with this statement, while 25% of the respondents preferred to live in the past system.

Among demographic and socio-economic groups there are very different opinions on the preference for the past health care system (see Table 6). There are significant correlations between preference for the past health care system and all structural variables. The correlation is strong related with age: the older people tend to like to go back to the health care system of 10 years ago. Also, persons with a lower level of education is more likely to prefer to go back to the past health care system than persons with a higher level of education. Those married or living with a partner are less likely than the other to prefer the old health care system. Also, the people from rural

Table 6

Significant correlation coefficients between opinions on preference for the past health care system and structural variables

Number	Statement on preference for the past health care system	Age	The area where the respondent lives	The highest level of education of the respondent	The respondent is married or has a partner	Most people were happier 10 years ago
1	I would like it when we could go back to the health care system as it was 10 years ago	0.247 <sup>a</sup>	0.168 <sup>a</sup>	– 0.197 <sup>a</sup>	– 0.091 <sup>b</sup>	0.564 <sup>a</sup>

<sup>a</sup> Correlation is significant at the 0.01 level (two-tailed).

<sup>b</sup> Correlation is significant at the 0.05 level (two-tailed).

areas, compared with the people from urban areas, state their preference for the old health care system. The highest correlation is between happiness in the past and ‘want to go back to the health care system 10 years ago’. This means that the people who agreed with the statement “Most people were happier 10 years ago” are much more likely to prefer the past health care system.

#### 4. Conclusions and discussion

The Romanian health care reforms are intended to follow some principles as accessibility, universality, solidarity in funding health services, incentives for effectiveness and efficiency as well as providing service delivery linked to health care needs [25]. But, little is known about what the people think about the reality covered by these principles. In general we find that about one third of the population believes that the changes have affected the quality of care in a negative way, while half of the respondents have a contrasting opinion. At the same time, Romanian people from Dolj district prefer in majority the current health care system.

One of the major issues that should concern policymakers and service providers in all countries introducing reforms in health services is the effect of reform on weaker population groups such as the poor, chronically ill and elderly [30]. In the case of people from the Dolj district, the people with chronic diseases and the elderly believe that they have less access of health care services than before the beginning of the reforms.

This study shows that the most frequent category of users, i.e. the elderly [26–29] believe that there is a decrease in quality of care and in accessibility. This category, which may be seen by politicians as a main category of people based on the principle of ‘providing service delivery linked to health care needs’ is more likely to prefer the old care system.

Another category of frequent users is represented by the people with chronic diseases. They are more likely to appreciate the quality of care (one aspect). In the same time, they are more likely

to have a critical view on accessibility compared with 10 years ago (two aspects).

The highly educated people, as another category, are more likely to value the changes in terms of quality of care and accessibility (one aspect). The respondents that belong to this category are more likely to prefer this health care system.

The fourth category of people, i.e. those who agree with the statement “Most people were happier 10 years ago” have the most critical view on the recent reforms of the health care system. All the aspects of quality of care, accessibility, the opinion on attention by the politicians are more likely to be appreciated by these people as worse than a decade ago. And, of course, this category is the most likely to prefer the past health care system.

Having an impact on people’s health status and with consequences readily visible to the affected publics the outcome of reforms of the Romanian health care system may be largely determined by societal reaction. According to Grindle [31] the most affected categories of people by reforms, in this case elderly and other deprived group, may respond to policy change with reactions varying from minor reactions, to reactions that make implementation of the new policy questionable and eventually in reversing the policy decisions [31].

At present, Romanian reforms of health care are being implemented. In the literature, implementation is seen as the most crucial aspect of the policy process. It is also known that the outcomes of implementation efforts are highly variable (ranging from successful to unsuccessful). The range of outcomes results from the fact that implementation is an interactive and ongoing process of decision making by policy elites and managers in response to actual or anticipated reactions to reformist initiatives [31].

Usually when reforms are implemented, there are some categories of people who are better off and some who are worse off than before. But involvement of the population in health care reforms may mean that changes are more easily accepted, therefore, there is a better chance that reforms are successfully implemented. If co-payments are introduced, it is essential that patients

and doctors are willing to cooperate with it. If not, the utilization pattern may be changed and/or other ways of prescription/referral will be developed. The same goes for the subscription to the GP list.

The Romanian situation of non-involvement of the population in reforms of the health care system, either technical or political, and some of the political measures which created in the people's opinion less quality and less accessibility may result in the population's distrust in reforms. At least, it may be expected that elderly and vulnerable groups have more problems in getting adequate care in the reformed system since the costs involved in getting proper care (medicines, co-payment, access) are increasing [1].

In the implementation process and evaluation of the results, the policy makers and those who implement health care reforms may consider the categories with a critical view as barriers and even as opponents, therefore, they have to find solutions for the problems these people are confronted with. In the same time, the highly educated people, who have the most positive opinion about the changes in the health care system, may become the supporters of these reforms.

The major policy implications of the findings of this study concern the accessibility for the most frequent users as an effect of the reforms and the involvement of the population in the reform process.

Special programs for increasing accessibility for specific categories of people, especially elderly and chronically ill who experienced already a difficult economic situation due to the transition period, are required.

More surveys on opinions on health care reforms and their consequences are necessary both as a beginning of people's empowerment and as external evaluation of changes and health care system performance.

This study may be seen as a feedback for policy makers of the proposed changes. At the same time, it gives policy makers the possibilities to take decisions on changes in the health care system taking the people's opinions in consideration.

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